

CLINTON COUNTY HEALTH DEPARTMENT

930 A FAIRFAX St., Carlyle, IL 62231

Phone: 618-594-2723 Fax: 618-594-5474

**Food Service Establishment Permit Application**

Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Name, Address & Phone# of Owner(s)

\_\_\_\_ Individual \_\_\_\_\_

\_\_\_\_ Corporation \_\_\_\_\_

\_\_\_\_ Partnership \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

**Type of Food Service Establishment**

\_\_\_\_ Restaurant      \_\_\_\_ School      \_\_\_\_ Grocery Store      \_\_\_\_ Institutional

\_\_\_\_ Convenience Store      \_\_\_\_ Tavern      \_\_\_\_ Tavern with Kitchen      \_\_\_\_ Temporary

**Hours of Operation**

**Water Supply**

**Sewage Disposal**

From: \_\_\_\_\_

\_\_\_\_ Public Water

\_\_\_\_ Public Sewer

To: \_\_\_\_\_

\_\_\_\_ Private Well

\_\_\_\_ Private Sewage Disposal

Manager in Charge: \_\_\_\_\_ Phone \_\_\_\_\_

Application is hereby made for a Food Service Establishment to operate within Clinton County, Illinois. By this application it is agreed that the establishment will comply with the provisions of the Illinois Department of Public Health, Food Sanitation Codes. It is agreed that said food service establishment shall be open to inspection by the Clinton County Health Department during normal working hours.

Signature of Owner(s)

Date

**FOR OFFICE USE ONLY**

Opening Date: \_\_\_\_\_ RISK LEVEL \_\_\_\_\_

Plans Submitted and Approved Y \_\_\_\_\_ N \_\_\_\_\_ By \_\_\_\_\_